

**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

Complete if Known	
Application Number	10/661,107
Filing Date	September 12, 2003
First Named Inventor	Harry Bims
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	5878P008X

METHOD OF PAYMENT (*check all that apply*)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account				

Deposit Account Number 02-2666

Deposit Account Name	Blakely, Sokoloff, Taylor & Zafman LLP
The Commissioner Is authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

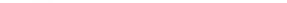
Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	: 20**	=	X	
	: 3	=	X	
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	66	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

***or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael J. Mallie	Registration No. (Attorney/Agent)	36,591	Telephone	(408) 720-8300
Signature				Date	1/5/13

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 08/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450